

<b>Case Number:</b>	CM14-0190718		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	12/20/2007
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Minnesota. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 26 year old obese female who initially dislocated the left shoulder on 12/20/2007. She was treated with closed reduction. She developed recurrent dislocations and underwent an arthroscopic Bankart repair. It lasted 9 months. The shoulder redislocated and she self-reduced it 15 times before electing additional surgery. She underwent a Remplissage procedure with anterior reconstruction. The surgeon elected to immobilize the shoulder in external rotation for 6 weeks post-operatively. Her BMI was 37.7 and so there was difficulty using a normal external rotation sling. The disputed issues pertain to the use of a Bledsoe Arc 2.0 sling and use of a Vascutherm intermittent pneumatic cold compression device, both of which were non-certified by Utilization Review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Associated surgical service: Vascutherm intermittent pneumatic Cold Compression:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) web version, Shoulder section

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Shoulder, Cold compression, venous thrombosis

**Decision rationale:** California MTUS does not address this issue ODG guidelines do not recommend cold compression therapy in the shoulder. However, continuous flow cryotherapy is recommended for 7 days. It reduces pain, swelling, and inflammation and reduces the need for narcotics post-operatively for pain control. Deep vein thrombosis is rare after shoulder arthroscopic surgery. The incidence is 1 in 1000 and so prophylaxis is not recommended. In light of the above the request for Vascutherm intermittent pneumatic cold compression is not supported by guidelines and the medical necessity is not substantiated.

**Associated surgical service: Bledsoe Arc 2.0 Sling:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.bledsoebrace.com/products/arc-2-0/Bledsoe>

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211, 213.

**Decision rationale:** California MTUS guidelines indicate the rate of recurrence of instability after surgery for recurrent dislocation of the shoulder is 10 % after arthroscopic anterior repair. Although immobilization after a primary shoulder dislocation is not recommended for more than 3 weeks per guidelines (page 213), the need for post-operative immobilization of the shoulder is a decision made by the surgeon based upon the quality of the repair, the size of the patient, and the experience of the surgeon with various techniques. This was a Remplissage procedure for recurrent dislocation. Immobilization in external rotation is preferred to the conventional way of immobilization in internal rotation as it allows for better stability and healing of the repair. This patient had failed a prior repair and was at high risk for recurrent dislocations. Use of a Bledsoe Arc 2.0 sling was appropriate and medically necessary. MTUS guidelines state that post-operative management and decision making is a duty of the surgeon. Therefore the choice of the sling is medically necessary and appropriate.